

MDR Tracking Number: M5-04-3600-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on June 23, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that CPT Codes 97010, 97032, 97110 and 97250 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

- CPT Code 90801 for date of service 08/25/03 denied as "A – The procedure requires prior authorization." Per the Medicare Fee Schedule this CPT code is considered a psychiatric interview. Per Commission Rule 134.600(h)(4) preauthorization is required for all psychological testing and psychotherapy, repeat interview, and biofeedback. Therefore, reimbursement in the amount of \$175.16 (\$140.13 x 125%) is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service \_\_\_August 25, 2003 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 30th day of September 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division  
MF/mf

Enclosure: IRO Decision

## **MEDICAL REVIEW OF TEXAS**

[IRO #5259]

**3402 Vanshire Drive**

**Austin, Texas 78738**

**Phone: 512-402-1400**

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### **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-04-3600-01
Name of Patient:	
Name of URA/Payer:	Injury 1 Treatment Center
Name of Provider: (ER, Hospital, or Other Facility)	Injury 1 Treatment Center
Name of Physician: (Treating or Requesting)	David Schickner, MD

September 2, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

This claimant sustained a work related MVA on \_\_\_\_\_. The initial complaints were of a cervical spine injury, lumbar spine injury, right hip and left knee injury. The symptoms appear to have settled in the lumbar region. The initial evaluation did not ascertain that there were no acute bony abnormalities. Additional imaging studies noted marked congenital (spondylolithesis) and degenerative changes. The injured worker then underwent approximately five weeks of physical therapy. In addition, ESI's were carried out. Electrodiagnostic assessment noted changes consistent with a verifiable radiculopathy. In December 2002 the claimant was declared to not be at maximum medical improvement by the Designated Doctor. Another Designated Doctor evaluation was completed by Dr. Mayorga who felt that maximum medical improvement was not reached. Three weeks later (February 3, 2004) the primary treating physician Dr. Schickner felt that maximum medical improvement had been reached.

REQUESTED SERVICE(S)

97010 Hot/Cold packs, 97032 Electrical Stimulation, 97110 Therapeutic Exercises, and 97250 Myofascial Release for dates of service 6/23/03 – 7/23/03.

DECISION

Denied. These modalities were not reasonable and necessary care for the injury.

RATIONALE/BASIS FOR DECISION

This is a morbidly obese 50 year old with a date of injury more than a year prior to the requested services. The pathology that was noted to be present was a degenerative spondylolithesis, questionable radicular findings, arthritic facet joint and SI joint problems. Moreover, there had been a trial of similar physical therapy noted shortly after the injury.

A review of the therapy flow sheet noted that the activities completed (Hamstring stretch, Quadriceps stretch, Pelvic tilt, treadmill, theraball and squats) were completed under the aegis of Mark Johnson, D.C. and supervised by Melissa Pettitt, RMT (Registered massage therapist). Each of these activities could very easily be completed with a home-based, self-directed exercise program emphasizing overall fitness and conditioning. Moreover, none of these modalities are addressing the pathology noted, the degenerative changes, and the facet and SI joint arthritis.

Noting the date of injury and the date of treatment, and a cursory literature search clearly states that the modalities are indicated in the acute phase and have no measurable efficacy in the chronic phase of this type of injury.

Further, as noted after two weeks of the modalities in question, there was an increase in the pain level and no clinical or measurable indication of any efficacy of the treatment plan. Continuing a treatment plan simply because there is a prescription for a six week protocol is not supported by the literature. As reported by M. Pettitt, RMT on June 25, 2003, the treatment was "not helping". There were several other chiropractic providers who signed off on additional daily therapy notes from Ms. Pettitt and by their respective signatures noted the increase in the complaints of pain.

In summary, a year out from a myofascial strain, with no clear clinical indication for repeating such physical therapy modalities as the pathology identified would not be ameliorated with the modalities, and noting that the exercises could easily be accomplished at home (i.e. hamstring and quad stretching, etc) there is no competent, objective and independently confirmable medical evidence presented as to why this additional therapy is reasonable and necessary care for the injury.